

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09/912652

305004 DIV 9

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR	NUMBER FILED	NUMBER EXTRA	
TOTAL CHARGEABLE CLAIMS	- minus 20 =		
INDEPENDENT CLAIMS	- minus 3 =	2	
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	** 20	= 0
Independent	5	Minus	** 5	= 0

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	355.00	OR BASIC FEE	710.00
X\$ 9=		OR X\$18=	
X40=		OR X80=	160
+135=		OR +270=	
TOTAL		OR TOTAL	870

SMALL ENTITY OTHER THAN OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	** 20	= 1
Independent	3	Minus	** 2	= 1

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	1
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	2	Minus	**	=

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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